



Tennessee Board of Dentistry

Newsletter



Spring 2005

A regulatory agency of the State of Tennessee

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The Board of Dentistry has the duty and responsibility to function in such a manner as to promote and protect the public's health, safety and welfare. Thus, the Board must review licensure applications and determine whether the applicant is qualified to be issued a license in accordance with the facts, the law and the regulatory statutes governing the profession, public welfare demanding it. *Policy Statement Adopted May 1998*



Do Not Contact Board Members

The members of the Board of Dentistry were appointed to regulate the profession of dentistry, dental hygiene and dental assisting in this state. Part of their responsibilities are to license applicants who want to practice one of those professions and to discipline them after they become licensed if they commit violations of the various statutes and rules that regulate the conduct of licensees. In all matters regarding licensure applications and disciplinary actions, the United States and Tennessee Constitutions provide that after all is said and done, everyone is entitled to have had a fair hearing by an unbiased jury of their peers.

Obviously, when board members are contacted by members of the profession about any person going through the application or disciplinary process, that member is receiving communication that could very well sway his or her previously unbiased position. If it does that, and that board member takes part in the decision, the applicant or licensee going through the process is deprived of a constitutional right. The result of that deprivation is that the board, upon appeal by the applicant or licensee, may be ordered by the courts to either give the applicant a license or to dismiss all disciplinary action against the licensee.

A board member who receives a communication that sways his or her opinion will generally be required to not take part in any vote on the matter (recusal). Even if the communication doesn't sway the board member's opinion but the board member receives so many communications that a reasonable person would conclude that the board member could no longer be unbiased, that board members would have recuse him or herself or risk either the judge requiring recusal or the courts rendering a judgment as previously discussed.

There was an instance in the past that due to communications with board members prior to and during a disciplinary case, the entire board was determined to have been so prejudiced by the communications that almost all of them had to be disqualified. New members had to be appointed by the Governor to hear a case. There have been other instances that one or two board members have been

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Antianxiety Premedication for Children Rule Change Becomes Effective March 13, 2005



The Rules of the Board of Dentistry governing Anesthesia and Sedation will change March 13, 2005. The change to Rule 0460-2-.07 is the following:

- All antianxiety premedications and all sedation techniques (except nitrous oxide and oxygen) used for children age thirteen (13) and under require a comprehensive conscious sedation permit.

All dentists who use antianxiety premedications or sedation techniques other than nitrous oxide and oxygen on children age 13 and under must be issued a comprehensive conscious sedation permit to be in compliance with this rule. Dentists who fail to comply with the rules will face disciplinary action by the board.

On the Board's website, the application to apply for this permit is available under "Applications and Forms", a list of board approved courses is available under "Educational Programs" and a copy of the full text of the Anesthesia and Sedation rules, as amended, is available in the "Rules and Regulations" section. 

Restraint of Pediatric and Special Needs Patients Rule Effective March 13, 2005



The Board of Dentistry has new rules which regulate the practice of restraining of pediatric and special needs patients that will be effective March 13, 2005.

This rule will replace the current Policy of the board when it becomes effective. This rule does not regulate only pediatric dentists, but all dentists and dental professionals who treat pediatric and special needs patients.

Failure to abide by this rule can subject the dental professional to disciplinary action by the Board.

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Restraint of Pediatric and Special Needs Patients Rule

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The full text of Rule 0460-1-.18 Restraint of Pediatric and Special Needs Patients is as follows:

- (1) Purpose – The purpose of this rule is to recognize the unfortunate fact that pediatric and special needs patients may need to be restrained in order to prevent injury and to protect the health and safety of the patients, the dentist, and the dental staff. To achieve this it will be important to build a trusting relationship between the dentist, the dental staff and the patient. This will necessitate that the dentist establishes communication with the patient and promote a positive attitude towards oral and dental health in order to alleviate fear and anxiety and to deliver quality dental care.
- (2) Training Requirement – Prior to administering restraint, the dentist must have received formal training at a dental school or during an American Dental Association accredited residency program in the methods of restraint described in paragraph (4) of this rule.
- (3) Pre-Restraint Requirements
 - (a) Prior to administering restraint, the dentist shall consider:
 1. The need to diagnose and treat the patient;
 2. The safety of the patient, dentist, and staff;
 3. The failure of other alternate behavioral methods;
 4. The effect on the quality of dental care;
 5. The patient's emotional development; and
 6. The patient's physical condition.
 - (b) Prior to administering restraint, the dentist shall obtain written informed consent from the parent or legal guardian and document such consent in the dental record, unless the parent or legal guardian is restraining or immobilizing the patient by use of the method described in subparagraph (4) (b) of this rule.
- (4) Methods of Restraint
 - (a) The Hand-Over-Mouth Exercise (HOME) Method
 1. This method may be used for a healthy child who is able to understand and cooperate but who exhibits defiant, aggressive, or hysterical behavior during dental treatment.
 2. Use of this method shall never obstruct the patient's airway nor be used:
 - (i) With patients whose age, disability, or emotional immaturity prevent them from being able to understand and/or cooperate;
 - (ii) When patients are under the influence of medications which prevent them from being able to understand and/or cooperate;
 - (iii) When patients have an airway obstruction or when restraint will prevent the patient from breathing; or,
 - (iv) When the parent or legal guardian has not given written informed consent for this method to be utilized.
 - (b) The Physical Restraint or Medical Immobilization Method
 1. This method may be used to partially or completely immobilize the patient for required diagnosis and/or treatment if the patient cannot cooperate due to lack of maturity, mental or physical handicap, failure to cooperate after other behavior managements techniques have failed and/or when the safety of the patient, dentist, or dental staff would be at risk without using protective restraint. This method should only be used to reduce or eliminate untoward movement, protect the patient and staff from injury, and to assist in the delivery of quality dental treatment. If restraint or

immobilization is deemed necessary, the least restrictive technique shall be used.

2. Use of this method shall not be used:
 - (i) With cooperative patients;
 - (ii) On patients who, due to their medical or systemic condition, cannot be immobilized safely;
 - (iii) As punishment; or,
 - (iv) Solely for the convenience of the dentist and/or dental staff.
- (5) Dental hygienists and dental assistants shall not use the methods described in paragraph (4) by themselves, but may assist the dentist as necessary.
- (6) The patient's record shall include:
 - (a) Written informed consent from parents or legal guardians;
 - (b) Type of method used;
 - (c) Reason for use of that method;
 - (d) Duration of method used; and,
 - (e) If restraint or immobilization is used, type of restraint or immobilization used.
- (7) Parents or legal guardians must be informed in advance of what treatment the patient will receive and why the use of restraints may be required. Parents or legal guardians shall be informed of the office policy concerning parental presence, the benefits and risks of parental presence, and of their opportunity to choose a different practitioner for the child if they are not comfortable with the office policy.
- (8) Parents or legal guardians may not be denied access to the patient during treatment in the dental office unless the health and safety of the patient, parent or guardian, or dental staff would be at risk. The parent or guardian shall be informed of the reason they are denied access to the patient and both the incident of the denial and the reason for the denial shall be documented in the patient's dental record.

A copy of the rules, as amended, will be available in the "Rules and Regulations" section of the Board's web site after the effective date. 🦷

Specialty Requirements Revised Effective March 13, 2005



There are several changes to the Specialty Certification rules effective March 13, 2005.

Dentists who apply for specialty certification will no longer be required to complete a written and/or practical specialty examination nor pay an examination fee if they apply after March 13, 2005. The revised rule requires the following in regards to an examination:

- ❖ All specialty applicants shall submit to an oral examination even if certification from an American Board in a specialty is accepted in lieu of submitting proof of successful completion of a residency program in a specialty.

The revised rule also adds the specialty of Oral and Maxillofacial Radiology as a recognized specialty. Completion of an Oral and Maxillofacial Radiology program of at least two years in a school approved or provisionally approved by the ADA is required to qualify for specialty certification. The definition of this specialty is as follows: **Oral and Maxillofacial Radiology** – That specialty of dentistry and discipline of radiology concerned with the production and interpretation of images and data produced by all modalities of radiant energy that are used for the diagnosis and management of diseases, disorders and conditions of the oral and maxillofacial region.

A copy of the full text of the rules, as amended, will be available in the "Rules and Regulations" section of the Board's web site after the effective date. The specialty application is available by calling the Board's Administrative Office. 🦷




Resolutions for Dental Professionals

The following are resolutions that dental professionals can make for the New Year to improve themselves and the dental profession. Some apply more to dentist than dental hygienist or dental assistants, but everyone can learn from all of them.

- Become familiar with the scope of practice for your profession and/or the scope of practice of the employees under your supervision.
- Do not perform duties outside of your scope of practice and/or delegate duties to your employees that are not within their scope of practice.
- Do not practice without a current license or registration issued by the Tennessee Board of Dentistry and employers, do not allow any of your employees to practice without a current license or registration.
- Display your state license and renewal certificate in a conspicuous location at each office you practice in as required by statute. If practicing in more than one location, make a copy of the license and certificate and note that the original is displayed at (location).
- Review the advertisements for your practice to be sure that the information is not misleading or in violation of the rules of the board. Make sure all advertising is accurate. Word of mouth advertising by satisfied patients is the best advertisement.
- Communicate clearly and respectfully with all patients, staff and colleagues. If you are uncomfortable with communicating or do not seem to be communicating clearly, consider attending a continuing education course on communication to improve your communication skills.
- Make sure that all patients understand their options, the risks and benefits, the cost of each option, and give informed consent for treatment before treatment begins.
- Listen to patients and staff. Listen to their concerns and problems with an open mind.
- Never hesitate to assist dissatisfied patients. If necessary, refund the patient and refer them to another dentist.
- If the dentist determines that the dentist/patient relationship should be terminated, the dentist must do the following comply with Rule 0460-1-.12(26).
- When in doubt, refer. Recognize that you may sometimes need to refer patients to someone better qualified to treat their problem and not try to perform procedures which you are not qualified to treat or not familiar with treating.
- Remember that it is better to prevent problems than to "cure" problems.
- You cannot "fix" everything nor do everything yourself.
- Practice mainstream dentistry and not be the first or the last to use a new technique or material. Carefully research what you intend to do or use and do not rely solely on a manufacturer's or "guru's" claims.
- Do not overtreat patients! Be reasonable with treatment plans and fees. The patient's pocket is not a bottomless pit.
- First, do no harm!
- Take care of your patients and they will take care of you.
- Make sure that new "Practice Management" philosophies and techniques comply with the Statutes and Rules of the Board of Dentistry.
- The Board does not tolerate dishonesty. Read and understand before you sign any Board documents (including renewal applications) and do not alter records for your or the Board's benefit.
- Your personal life reflects into your practice and you cannot properly perform your dental duties if your personal life is a mess.
- Encourage any dental professional who is impaired due to the use of alcohol or other drugs to obtain assistance and treatment

or report them yourself to the Office of Investigations in order to protect the public and the dental professional.

- Be aware of patients seeking controlled substances and only prescribe for dental procedures, ailments or infirmities and only in amounts and for durations that are medically or dentally necessary, advisable or justifiable.
- Complete the continuing education course in the subject of chemical dependency to assist with recognizing dental professionals and patients that are impaired by alcohol or drugs, and not just because the course is required by the Board.
- Complete continuing education for professional development, not just for credit accumulation.
- Abide by the statutes and rules of the Board of Dentistry at all times. **The Board has suggested that all dental professionals read the statutes and rules.**
- Dentists remember to update the practitioner profile within 30 days of any reportable change.

Please follow these resolutions throughout this year and every year to prevent problems, complaints and/or disciplinary action against you and your license. 

Adapted from Minnesota Board of Dentistry Updates and Oregon Board of Dentistry News.

Instructions for Accessing the Board's Web Site

- ▶ <http://tennessee.gov/health>
- ▶ Licensing
- ▶ Health Professional Boards
- ▶ Select "Board of Dentistry"



Coronal Polishing Defined

The Board has a definition of coronal polishing in Rule 0460-1-.01(5). The definition is as follows:

- Coronal Polishing – The polishing of the enamel and restorations on the clinical crown of human teeth by utilizing a combination of a polishing agent and a slow speed handpiece, a prophyl angle, a rubber cup, or any home care cleaning device.


This definition lists the items that can be utilized when coronal polishing. **No where in the rules does it allow for registered dental assistants with coronal polishing certification to use bristle brushes, a scaler, explorers, etc. when coronal polishing.** The only items that can be utilized are the items listed in the rules of the Board.

Registered Dental Assistants must be certified by the Board of Dentistry before they perform this duty. The certification is printed on the back of the wallet card, the lower left corner of the 5x7 certificate or verifiable on the Board's website.

Since this certification is added to current registrations, if the registration is not current, the certification is not valid and the assistant may not perform coronal polishing (or any other duties assignable to RDA's) until the registration is current.

Any dental assistant who performs coronal polishing without this certification or without current registration may be disciplined by the Board and the supervising dentist may also face disciplinary action by the Board.

A list of Board approved coronal polishing courses is available on the Board's website under Educational Programs. The Board's examination is held every January and September. The dates of the exam in 2005 and 2006 are listed in the box that lists the meeting and examination dates on page 5 of this Newsletter.

If you have passed the Board's examination for coronal polishing but it does not appear on your certificate or on the Board's online licensure verification system, please contact the Board's Administrative Office at 1-800-778-4123 ext. 25073 or 532-5073. 



Reporting Child Abuse

The Board of Dentistry's rules list 27 different actions that the Board has declared are unprofessional conduct. One of the actions is failing to report suspected child abuse. Rule 0460-1-.12(11) and the text of T.C.A. §37-1-403(a) is as follows:


- » Failing to report suspected child abuse to the proper authorities, as required by T. C.A. §37-1-403(a)(2).

37-1-403. Reporting of brutality, abuse, neglect or child sexual abuse. (a) (1) Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality, abuse or neglect or that, on the basis of available information, reasonably appears to have been caused by brutality, abuse or neglect.

(2) Any such person with knowledge of the type of harm described in this subsection shall report it, by telephone or otherwise, to the:

- (A) Judge having juvenile jurisdiction over the child;
- (B) County office of the department;
- (C) Sheriff of the county where the child resides; or
- (D) Chief law enforcement official of the municipality where the child resides.

(3) If any such person knows or has reasonable cause to suspect that a child has been sexually abused, the person shall report such information in accordance with § 37-1-605, relative to the sexual abuse of children, regardless of whether such person knows or believes that the child has sustained any apparent injury as a result of such abuse.

A copy of the full text of the rules, as amended, is available in the "Rules and Regulations" section of the Board's web site. 




Stats on Licenses that are Currently Expired

Every month, licensees do not renew their license for some reason. If licensees are not going to be practicing in Tennessee for at least one year, they have the option to retire the license before the license goes into a failed to renew (expired) status by submitting an Affidavit of Retirement. The Affidavit of Retirement is available on the Board's website under Applications and Forms.

Below are statistics on the number of licenses which are currently expired and the year they expired. These statistics do not include licenses which did not timely renew but have since reinstated their license.

Year(s)	Dentists	Dental Hygienists	Dental Assistants
1990-1999	379	511	1163
2000	20	30	108
2001	26	23	132
2002	43	38	164
2003	27	46	173
2004	19	39	182
Total	514	687	1922

As you can see, the number of dentist and dental hygienist who are currently failed to renew in the years 2000 – 2004 are low while the number of registered dental assistants who are currently expired has steadily increased during these years. There are also more registered dental assistants who currently have expired licenses than dentist and dental hygienist combined.

Have these dental professionals who are currently expired moved out-of-state, left the profession or are they still practicing? You can verify any license via the online verification system at the Board's website. Prospective employees can also be verified online. 


RDA - Required, CDA - Optional

All dentist need to remember that dental assistants are required to be currently registered with the Board of Dentistry to legally perform the duties in the scope of practice, as listed in Rule 0460-4-.08, of a Registered Dental Assistant.

Certified Dental Assistants (CDA's) are not legal to practice in Tennessee unless they are also Registered Dental Assistants (RDA's). CDA's only need to apply for registration and are not required to pass additional examinations to become RDA's.

If a CDA is working in a dental office and they are not registered, they can only perform the duties of a practical dental assistant. These duties are very limited and do not allow the CDA to do radiographs or any other procedure or duties that is listed in Rule 0460-4-.08.

Please verify that all dental assistants working in the office are currently registered as RDA's to prevent disciplinary action by the Board against the dentist and dental assistant.

The application for registration is available on the Board's website. If anyone has any questions about dental assistants, please contact the Board's Administrative Office. 

CHANGES OF ADDRESS

Must be reported in writing or by web within 30 days of the change!

- * Your name and license number;
- * Your profession;
- * Your new address, phone and fax numbers and e-mail address; and
- * Your signature!

Board's Fax number: 615-532-5369 or tennessee.gov/health

Do Not Contact Board Members

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required to recuse themselves due to communications from dental professional or other interested parties.

Due to the concerns raised by the inordinate amount of communications board members receive on a regular basis, the board members have asked that all correspondence be mailed to the Board's Administrative Office and all phone calls be directed to the Board's Administrative Office and not to individual board members. The Administrative Office is the support for the board and the office that handles the day to day functions of the board. If the Administrative Office is unable to help the caller or is unsure how to respond to correspondence, the administrative staff will research the matter or advise you of the steps that you need to take to get the matter on the agenda for the next board meeting.

If you remember that an individual board member is not authorized to make a decision for the entire board and if you also remember that it might one day be you the board has to make a decision about, you will reconsider communicating directly with board members and allow the board members to treat all individuals fairly and without bias.

You should always feel free to communicate with your Board at it meetings and during rulemaking hearings. If you want to do that the Board's staff will arrange that for you. But, please do not "taint" a board member or all board members with correspondence about individuals in the licensure or disciplinary process. All decisions of the Board are to be made in the public forum and all such decisions made by the Board are, and should be, in the best interest of the health and safety of all the citizens of Tennessee and in fairness to all members of the profession.

The Board's Administrative Office can be contacted at the following address and phone numbers:

Tennessee Board of Dentistry

First Floor, Cordell Hull Bldg.

425 Fifth Avenue North

Nashville, TN 37247-1010

Phone: 615-532-5032 or 1-800-778-4123

Fax: 615-532-5369





Disciplinary Action

The Board, at its meetings in January of 2005, took the following disciplinary actions:

Bishop, Frank W. III – License No. DS 2597

Unprofessional conduct, division of fees or agreeing to split or divide fees received for professional services with any person referring a patient, use of any form of public communication containing a false, fraudulent, misleading or deceptive statement or claim, and disciplinary action by another state (Mississippi). Respondent was reprimanded.

Bogard, Louis E. - License No. DS 6956

Unprofessional conduct, violation or attempted violation, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of the statutes, conducting the practice of dentistry so as to permit directly or indirectly an unlicensed person to perform services or work which under the provisions of this chapter can be done legally only by persons licensed to practice dentistry or dental hygiene or as a registered dental assistant, professional connection or association with any person, firm or corporation in any manner in an effort to avoid and circumvent the provisions of the statutes or lending one's name to another for the illegal practice of dentistry by such person. Respondent was reprimanded and assessed civil penalties in the amount of \$52,000. This penalty was stayed by the Board until the May 12, 2005 meeting at which the Respondent must appear and report as to his relationship with the dental office. If the Respondent submits proof that he is no longer involved with its operations, the civil penalties assessed will be cancelled.

Buckner, Sarah Elaine - License No. DA 1206

Unprofessional conduct for practicing 10 years on an expired license. Respondent was reprimanded and ordered to pay a civil penalty in the amount of \$1,000.

Childress, Kurt R. - License No. DS 7901

Disciplinary action in another state (Kentucky) and failure to report action on practitioner profile within 30 days after a reportable action. Respondent was reprimanded and assessed a civil penalty in the amount of \$500 and ordered to pay costs.

Clark, Champ - License No. DS 4423

Unprofessional conduct, a pattern of continued or repeated malpractice in the course of professional practice, permitting directly or indirectly an unlicensed person to perform services or work which under the provisions of the statute can be done legally only by persons licensed to practice dentistry or dental hygiene or as a registered dental assistant. Respondent surrendered his license, agreed to never reapply and ordered to pay costs.

Edgar, William P. - License No. DS 1685

Disciplinary action in another state (Mississippi), habitual intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants...in such manner as to adversely affect his ability to practice dentistry, conviction of a felony, conviction of any offense under state or federal drug laws or conviction of any offense involving moral turpitude, and statements, assertions or answers which were untrue on renewal application. Respondent's license was suspended for five years, must appear before Board to reinstate his license and present evidence to the Board that his Mississippi license to practice dentistry is unencumbered and in good standing.

Hatfield, James E. – License No. DS 7192

Unprofessional conduct and engaging in the practice of dentistry when mentally or physically unable to safely do so. Respondent was placed on probation for one year, must submit to a physical examination by a physician designation by the Tennessee Department of Health, Office of Health Related Boards within 30 days, cause the designated physician to submit a report to the Board of Dentistry and Respondent shall comply with all recommendations and directions in physician's report, prepare a written protocol for the management of his condition and submit a copy of protocol to the Board of Dentistry within 30 days, provide copies of protocol to all staff in his office and hold in-service training with all staff regarding the protocol and submit a roster of attendance to the Board of Dentistry.

Hamilton, Diane M. - License No. DH 2321

Unprofessional conduct and violation of an order of the Board. Respondent's license was surrendered and may not make a new

application for licensure for at least three full years, must appear before Board if reapplies and present evidence of advocacy of the Concerned Dental Professional Committee.

Johnson, Julia A. - License No. DA 9394

Unprofessional conduct, violation of provision of the statutes and being guilty of fraud or deceit in the practice of as a registered dental assistant. Respondent's license was surrendered, if reapplies in the future, must comply with the requirement for licensure in effect at the time of reapplication and must pay costs.

Litonjua, Luis S. - License No. DS 8205

Violation of the statutes and unlicensed practice. Respondent was reprimanded.

McIlwain, Milton L. - License No. DS 1977

Unprofessional, dishonorable and unethical conduct, violation of the statutes, guilty of fraud or deceit in obtaining admission to practice, conviction of a felony, disciplinary action by another state (Florida) and failure to report on action and conviction on practitioner profile within 30 days. Respondent's license was revoked for a period of not less than one year and ordered to pay costs.

Tempo, Paulette J. - License No. DS 8153

Violation of the statutes and permitting an unlicensed person to perform services or work which under the provisions of the statutes can be done legally only by persons licensed to practice dentistry. Respondent was reprimanded.

Wallace, Jessica M. - License No. DA 8343

Unprofessional conduct and violation of the statutes for unlicensed practice. Respondent was reprimanded and ordered to pay a civil penalty in the amount of \$300 and costs.

Watkins, Cindy - License No. DA 1901

Unprofessional conduct, violation of the statutes, failure to renew and practicing for five years on an expired license. Respondent was reprimanded and assessed a civil penalty in the amount of \$450 and ordered to pay costs. 🦷

Board Meeting & Coronal Polishing Examination Dates

2005	May 12 – 13	Board Meeting
	September 21-23	Board Meeting
	September 24	Coronal Polishing Examination
2006	January 26 – 27	Board Meeting
	January 28	Coronal Polishing Examination
	May 25 – 26	Board Meeting
	September 21 – 22	Board Meeting
	September 23	Coronal Polishing Examination

Policy for Administration of Local Anesthetic Topically

The Board of Dentistry adopted a new policy statement at the October 22, 2004 meeting. The policy statement is as follows:



- The position of the Tennessee Board of Dentistry is that the administration of local anesthetic medications designed to be administered topically instead of by injection is within the scope of practice of a dental hygienist.

This policy and all other policies of the Board are available on the Board's website under "Policy Statements" section. 🦷

Tennessee Board of Dentistry
First Floor, Cordell Hull Building
425 Fifth Avenue North
Nashville, TN 37247-1010



Renew faster by renewing online at <http://tennessee.gov/health>

Report all address changes in writing within 30 days of the address change.

**Tennessee Board of Dentistry
Board Members as of January 31, 2005**

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President
Cleveland

John M. Douglass, Jr., D.D.S.
Vice-President
Nashville

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Greenville

Betty G. Fox, R.D.A.
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Marlene S. Warren Fullilove, R.D.H.
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Administrator

Carla McCord
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Licensing Tech

Tina Taliaferro
Licensing Tech